

**ESTATE ADMINISTRATION PERSONAL INFORMATION  
QUESTIONNAIRE**

Decedent's Full Name: \_\_\_\_\_

Decedent's Social Security #: \_\_\_\_\_

Address at Death: \_\_\_\_\_

Year domicile established in North Carolina: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Place of Death (e.g., name of hospital): \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Decedent's physicians and their addresses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Current or, if retired, former business or occupation: \_\_\_\_\_

Marital status at time of death: \_\_\_\_\_

Name of surviving spouse: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of marriage: \_\_\_\_\_

If decedent was a widow(er), name of deceased spouse: \_\_\_\_\_

Date of death of deceased spouse: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Decedent's safe deposit boxes: \_\_\_\_\_

Location: \_\_\_\_\_

Joint: \_\_\_\_\_

With whom: \_\_\_\_\_

Relationship of joint owner to decedent: \_\_\_\_\_

Name of accountant or tax return preparer: \_\_\_\_\_

Where is Will? \_\_\_\_\_

Beneficiaries under will:

<u>Name</u>	<u>Age</u>	<u>Social Security #</u>	<u>Address</u>	<u>Relationship</u>
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Executor under will:

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>	<u>Social Security #</u>
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INVENTORY OF DECEDENT'S ASSETS AND LIABILITIES

ASSETS

Indicate the approximate value of each asset. If jointly held, indicate the name of any co-owner of the asset and how the asset is held.

I. REAL PROPERTY

A. BASIC INFORMATION

	<u>Parcel One</u>	<u>Parcel Two</u>	<u>Parcel Three</u>
1. Location	_____	_____	_____
2. Type of property (e.g., resident, commercial, unimproved land)	_____	_____	_____
3. Title in name of	_____	_____	_____
4. How held-solely or jointly (with whom and with or without survivorship)	_____	_____	_____
5. Date acquired	_____	_____	_____
6. Cost basis	_____	_____	_____
7. Fair market value on date of death (indicate accrued rent separately)	_____	_____	_____

B. MORTGAGE OBLIGATION

1. Payee	_____	_____	_____
2. Original Amount	_____	_____	_____
3. Current balance of mortgages (indicate accrued interest separately)	_____	_____	_____
4. Payment Schedule	_____	_____	_____

**II. CHECKING AND SAVINGS ACCOUNTS**

(obtain photocopy of signature card for each)

<u>Institution</u>	<u>Account Number</u>	<u>Type Account</u>	<u>How Held Sole/Joint</u>	<u>Date of Death Value</u> (indicate accrued interest separately)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**III. STOCKS AND BONDS**

For government bonds, indicate the type of bond and face amount under "Issuer" and date of issue under "Description."

<u>Issuer</u>	<u>No. of Shares</u>	<u>Description</u>	<u>How Held Sole/Joint</u>	<u>Date of Death Value</u> (indicate accrued interest or dividend separately)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**IV. BROKER ACCOUNTS**  
 (obtain photocopy of signature card for each)

<u>Location</u>	<u>Contact</u>	<u>How Held (Sole/Joint)</u>	<u>Account Numbers</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**V. LIFE INSURANCE POLICIES**

<u>Owner</u>	<u>Insurer</u>	<u>Policy Number</u>	<u>Beneficiary</u>	<u>Face Amount</u>	<u>Policy Loans</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**VI. TANGIBLE PERSONAL PROPERTY**

	<u>Description</u>	<u>Value</u>
A. Clothing and furs	_____	_____
B. Jewelry	_____	_____
C. Home Furnishings	_____	_____
D. Collections	_____	_____
E. Other	_____	_____

F: Automobiles

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Vehicle Identification Number (VIN)</u>
_____	_____	_____	_____
_____	_____	_____	_____

VII. OTHER PROPERTY

If the decedent had an interest in any of the items listed below, describe the interest in the space provided.

A. Cash, Mortgages and Notes: For mortgages and notes, indicate the type of obligation, the obligor, security (if any), terms, interest, current status, and value.

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B. Business Interests: Describe the value of the decedent's interest in sole proprietorships and partnerships. Request financial statements for the five year period prior to the date of death. Obtain copy of any buy-sell-agreement—ascertain how funded and amount and method for determining value (e.g., book value, earnings multiple, appraisal, agreed value).

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C. Income Due Decedent: Describe and value any income due the decedent at time of death, including accrued compensation, commissions, fees, rents, and tax refunds, if not included under other categories.

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D. Employee Benefits: Indicate type of benefit (pension, profit sharing or deferred compensation plan, death gratuity, etc.), name of employer, person to contact for details, beneficiary, type of benefits and values.

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E. Annuities, Trusts, and Estates: Describe and identify the interest and explain what disposition will be made of the interest as a result of the decedent's death.

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F. Lump Sum Death Benefit: Indicate the government agency making the payment, the payee, and the amount.

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G. Other Property: List any powers of appointment or disposition (whether general or limited) held by the decedent, patents, royalties, copyrights or other assets not listed above.

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H. Gifts: List gifts made within three years of death.

Donee	Date	Description of Property	Value on Date of Death
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INVENTORY OF DECEDENT'S LIABILITIES

I. FUNERAL AND BURIAL EXPENSES

	<u>Item</u>	<u>Payee</u>	<u>Amount Due</u>
a.	Funeral Home	_____	_____
b.	Grave Marker	_____	_____
c.	Grave Lots	_____	_____
d.	Other (flowers, etc.)	_____	_____

II. MEDICAL AND HOSPITAL EXPENSES

	<u>Item</u>	<u>Payee</u>	<u>Amount Due</u>
a.	Doctor	_____	_____
b.	Hospital	_____	_____
c.	Other (Nurses, etc.)	_____	_____
		_____	_____
		_____	_____
		_____	_____

III. HOUSEHOLD BILLS, CHARGE ACCOUNTS  
AND INSTALLMENT PAYMENTS

	<u>Item</u>	<u>Payee</u>	<u>Amount Due</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

IV. OTHER DEBTS OF DECEDENT

Include estimated income tax payments and property taxes.

<u>Item</u>	<u>Payee</u>	<u>Amount Due</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

V. MORTGAGES, NOTES AND DEEDS OF TRUST

Indicate only balance due as of date of death.

<u>Property Secured</u>	<u>Payee</u>	<u>Amount Due</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

VI. ADDITIONAL OBLIGATIONS

(If more space is needed for listing obligations, indicate Category (I through V) and use space provided below.)

<u>Item</u>	<u>Payee</u>	<u>Amount Due</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____